

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHDUNCAN  
State File No. 29612

FILED OCT 3- 1955

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| BIRTH NO. _____  |  | REG. DIST. NO. 142   |  | PRIMARY REG. DIST. NO. 4231  |  | Registrar's No. 41   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Howell</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u><br>b. COUNTY <u>St. Louis</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Mtn. View</u>   |  | c. LENGTH OF STAY (in this place)<br><u>1 year</u>   |  | c. CITY OR TOWN <u>Overland</u>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>and an arm at home</u>  |  |  |  | e. STREET ADDRESS (If rural, give location)<br><u>3294 TENNYSON</u>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>William</u><br>b. (Middle) <u>ISSACC</u><br>c. (Last) <u>Edmonds</u>   |  |  |  | 4. DATE OF DEATH<br>(Month) <u>Sept</u> (Day) <u>3</u> (Year) <u>1955</u>  |  |  |  |
| 5. SEX <u>M</u>  |  | 6. COLOR OR RACE <u>W</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u>   |  | 8. DATE OF BIRTH<br><u>Aug. 26-1912</u>  |  |
| 9. AGE (In years last birthday)<br><u>43</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Lather</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Perry Co. Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Lather</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Construction</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Perry Co. Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>  |  |
| 13a. FATHER'S NAME<br><u>James D. Edmonds</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Ida E. Combs</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Audrey Edmonds</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>NO</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Audrey Edmonds Overland 14, Mo.</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.        |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck</u><br>ANTECEDENT CAUSES<br><u>Car Wreck</u><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Car Wreck</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 min</u>  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>accident</u>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)<br><u>State Hwy</u>   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Mtn View Howell Co. Mo.</u>  |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>Sept 3-1955 4P</u>   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>Sept 3-1955 4P</u>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?<br><u>Thrown from overturning Car</u>   |  |  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:10P</u> m., from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE<br><u>Joe R. Duncan, Coroner</u>  |  | (Degree or title)  |  | 23b. ADDRESS<br><u>Mtn View, Mo.</u>   |  | 23c. DATE SIGNED<br><u>9-5-55</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  |  | 24b. DATE<br><u>Aug. 5-55</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Lebanon</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis County, Mo.</u>  |  |
| DATE REC'D BY LOCAL REG.<br><u>9-30-55</u>   |  | REGISTRAR'S SIGNATURE<br><u>Laura Hutchell</u>   |  | 126<br>5. FUNERAL DIRECTOR'S SIGNATURE<br><u>DUNCAN'S</u>  |  | ADDRESS<br><u>Mtn. View, Mo.</u>   |  |

(License Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 7 1955

OCT 3 1955

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 4322

P. O. Address Mt. View, .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.